

Sunshine Homecare Services

10 Schriever Lane
New City NY 10956
Phone: 845-613-7838
Fax: 845-613-7839

COMPLAINT FORM FOR ALLEGATIONS OF SEXUAL HARASSMENT

COMPLAINANT INFORMATION

Name:	Home Address:
Work Address:	
Home/Cell Phone:	Work Phone:
Job Title:	Email:
Identify Your Preferred Communication Method: (please select one)	

SUPERVISOR INFORMATION

Immediate Supervisor's Name:	Title:
Work Phone:	Work Address:

COMPLAINT INFORMATION

1. Your Complaint Of Sexual Harassment Is Made Against:	
Name:	Title:
Work Address:	Work Phone:
Relationship to you:	
Supervisor _____ Subordinate _____ Co-Worker _____ Other _____	

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2. Please describe the conduct or incident(s) that is the basis of this complaint and your reasons for concluding that the conduct is sexual harassment. Please use additional sheets of paper if necessary and attach any relevant documents or evidence.

3. Date(s) Alleged Sexual Harassment occurred: _____

Is the Alleged Sexual Harassment continuing? Yes ____ No ____

4. Please list the name and contact information of any witnesses or individuals that may have information related to your complaint:

Name: _____ Contact Information: _____

Name: _____ Contact Information: _____

Name: _____ Contact Information _____

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The Last Two Questions Are Optional, But May Help Facilitate The Investigation.

5. Have you previously complained or provided information (verbal or written) about the sexual harassment to Sunshine Homecare Services, Corp.? If yes, when and to whom did you complain or provide information?

6. Employees that file complaints with their employer might have the ability to get help or file claims with other entities including federal, state or local government agencies or in certain courts.
 - a. Have you filed a claim regarding this complaint with a federal, state or local government agency? Yes _____ No _____

 - b. Have you instituted a legal suit or court action regarding this complaint? Yes ___ No ___

 - c. Have you hired an attorney with respect to this complaint? Yes _____ No _____

I request that Sunshine Homecare Services, Corp. investigate this complaint of sexual harassment in a timely and confidential manner in accordance with the Company's policies and procedures.

Signature: _____

Date: _____